

2007
Latino Advisory Board
Membership Application

The Latino Advisory Board provides community perspectives and recommendations to the California Department of Health Services, Office of AIDS (CDHS/OA) in the planning and development of HIV/AIDS services, related to the Latino community. Its members represent the diverse Latino community throughout the State and include, HIV/AIDS care and prevention providers, epidemiologists, researchers, administrators, as well as persons living with HIV/AIDS. For the LAB to be a successful state advisory body, members must fully participate by being prepared and engaged at all meetings. Effective members use their professional expertise based on experience and education to represent populations most impacted by HIV/AIDS.

OA expects that each individual act on behalf of all HIV/AIDS infected and affected Latino communities in California rather than individual perspectives. This will be accomplished by contributing your knowledge and expertise in the discussions at LAB and working group meetings.

LAB members commit to attend and fully participate in three meetings each year for the duration of the meeting. In addition to these meetings, LAB members are required to participate in additional working group meetings and conference calls. Meeting travel and accommodations are paid by OA. Meeting dates for 2007 are scheduled as follows:

- **February 28, March 1, 2007: Oakland/Berkeley**
- **May 30, 31, 2007: San Diego**
- **November 7, 8, 2007: Long Beach**

Your application must be *postmarked* by the application deadline, December 15, 2006. Applications received after the deadline will not be considered. Submit your application in hard copy to the address, as follows:

California Department of Health Services, Office of AIDS
MS 7700, P.O. Box 997426
Sacramento, CA 95899-7426
Attention: Catherine Lopez

NO FAXES – FAXES are not confidential.

If you have valuable contributions that could be made to the LAB, you are encouraged to apply. A committee consisting of LAB members and OA staff will review the applications. All information provided by the applicant is considered confidential and destroyed after one year. Applicants will be notified by January 19, 2007, of the new selections.

If you have any questions, contact Catherine Lopez at 916-552-9823 or clopez@dhs.ca.gov

CONTACT INFORMATION

Name		
	Home	Employer
Address		
City and Zip		
Phone		
E-mail		

- a. Does your employer support your participation on this planning group? Yes () No ()
- b. Where would you prefer OA send LAB correspondence? Home () Work ()
- c. I can commit to the following meetings: Yes () No ()

- **February 28, March 1, 2007: Oakland/Berkeley**
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REPRESENTATION

Area of Expertise

Please insert a "1" for the area of expertise which you most identify. Please insert "2" if there is a second area of expertise with which you identify.

- | | |
|------------------------|-----------------------------------|
| () Community Activism | () Mental Health/Substance Abuse |
| () Epidemiology | () Research |
| () Health Care | () Social Services |
| () HIV Prevention | () Consumer |
| () HIV Care | () Administrator |
| () Other _____ | |

Population representation

Please insert a "1" for the category with which you most represent. Please insert a "2" if there is a second category with which you represent. [OA articulates representation as the ability to understand and consistently express the needs, values and perspectives of specific groups infected/affected by HIV.]

- | | |
|--|----------------------------|
| () Gay men/men who have sex with men | () Women at risk for HIV |
| () Incarcerated/probation/parole | () Youth at risk for HIV |
| () Substance users and their partners | () Migrant worker |
| () Sex industry workers | () Transborder population |
| () Transgenders | |
| () Other (specify) _____ | |

Agency Affiliation

Please insert "1" for the agency you represent. Please insert "2" if there is a second agency you represent.

- | | |
|--|--|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Faith Community |
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Local Health Department |
| ___ HIV/AIDS care/treatment | <input type="checkbox"/> Other Governmental Organization |
| ___ HIV/AIDS prevention | <input type="checkbox"/> Research Center |
| ___ Mental health | <input type="checkbox"/> State Health Department |
| ___ Substance Use | <input type="checkbox"/> AIDS Service Organization (ASO) |
| <input type="checkbox"/> Community/migrant Health Clinic | |
| <input type="checkbox"/> Other (specify) _____ | |

Geographic

- ☐ Urban Metropolitan: area with a population greater than 100,000
☐ Urban non-metropolitan: area with a population between 2,500 and 100,000
☐ Rural: area with a population less than 2,500

PERSONAL INFORMATION

Gender Identity

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender (male to female) |
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender (female to male) |

Age Group

- | | |
|--|----------------------------------|
| <input type="checkbox"/> 24 or younger | <input type="checkbox"/> 41 – 50 |
| <input type="checkbox"/> 25 – 30 | <input type="checkbox"/> 51+ |
| <input type="checkbox"/> 31 – 40 | |

Ethnic Identity

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic/Latino/a | |
| <input type="checkbox"/> Other _____ | |

If Hispanic or Latino, please specify.

Sexual Orientation (optional)

- ☐ Bisexual
☐ Heterosexual
☐ Homosexual

HIV Status (optional)

- ☐ Negative
☐ Positive
☐ Unknown

Education

- | | |
|--|---|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Bachelor of Arts/Science |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Completed high school | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Community College | |

Please answer the following questions on a separate piece of paper.

- Please discuss your knowledge and experience in working with the Latino community?
- From a statewide perspective, what key issues related to HIV/AIDS prevention and/or care would you like to address through your work on the LAB?
- During the last couple of years, the LAB has been working on a report to identify a number of key issues important to Latino HIV/AIDS education, prevention, and treatment. The LAB titled their soon-to-be released report, *Entre Familia: Addressing the Interconnected Issues of California's Latinos and HIV in Education, Prevention, and Treatment*. In your own words, please explain what this title means to you.

LETTER OF COMMITMENT

As a member of the Latino Advisory Board (LAB),

I, _____ commit to the following:

1. Actively participate by contributing my knowledge and expertise in the discussions at LAB and working group meetings;
2. Act on behalf of **all** HIV-infected and affected communities in California;
3. Prepare for each meeting by carefully reading all pre-distributed materials;
4. Facilitate communication between local planning councils and LAB;
5. Make recommendations considering the State as a whole, rather than special interests of groups, local geographic areas, agencies, or individual perspectives; and,
6. Ensure that my personal and professional commitments and obligations do not create a barrier to my full participation in the LAB.

Signature

Date